

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

DEAR EDITOR: I regret to see that the opening of your pages to the vexed question of untrained women encroaching on the field of the trained nurses is not bringing forth any more lucid solutions than have yet been suggested, and I am perplexed as to just how the nurses themselves are to find the remedy. I feel convinced that the lowering of price is not the root of the matter, though one must be greatly guided by judgment in this, as in all things. There must be a standard or graduate price, which the community should recognize as the market value of the services they will receive. The rest has to be left to the individual. The nurse who is known to lower her price has a harder hill to climb back than should fall to her lot, for it is not encouraging to those who are willing to bring their skill within the needs of their poorer neighbors by making a modification in their terms to hear that the doctor they have nursed for "knows that he can get Miss So and So for fifteen dollars." To the minds of the commonalty this has a way of suggesting a something lacking, or an inferiority in that nurse, which, while unjust to her, is exactly what they are seeking in the trained attendant—a low wage and a minimum of skill. I think what does lie within the scope of the nurse herself is a still greater devotion to the details of her profession, to see to it that nothing is done in a perfunctory manner, a thing easily felt by the patient and divined by the rest of the family. Study to attain that happy medium that will maintain individual dignity and yet efface all obtrusive personality. I think the untrained helper is less assertive and in evidence than our white-gowned graduate, and can be treated with a little less ceremony, which in some families means less trouble all round, so that it seems easier to say, "Oh, yes! an untrained nurse will suit us better. We had a great deal of trouble when Miss Blank was here." Therefore, regardless of the risk which lack of knowledge may incur, the die is cast, and the ranks of the graduate nurse suffers from the indiscretion or mere thoughtlessness of some few.

I must say emphatically that many doctors are sadly disloyal to the graduate nurse as a body, as they distinctly create the demand for skilled assistance; and then, when it lies at their hand, they will deliberately pass by on the other side, and place their patients in charge of those

who, perhaps, can hardly tell the right end of the thermometer to use, much less record its readings. If legislation is going to prove our best backing, then, by all that is legal, let us wake up to the fact that nothing but our own fight can win our battle and assert our lawful position in the profession of to-day. The medical men tolerate no usurpers or frauds in their ranks, why should there be grades of undesirable elements in ours? Open discussion on this topic will help us to discover the flaws in our armor, but once more let it not end in talk, but let the need be met by earnest and true working for the betterment of our noble profession.

"N. J."

DEAR EDITOR: The editorial comment in the April number of *THE AMERICAN JOURNAL OF NURSING* on "Untrained *versus* Trained Nurses," and the answer in the May number written by the Waltham graduate, inspires me to express my views.

The "far-seeing patient" spoken of in the editorial comment "hits the nail on the head," according to my fancy. The fact that the doctor makes more visits upon his patient when the untrained nurse or the nurse still in training from some hospital is with his patient proves that from a business standpoint this is highly satisfactory to him. Especially so is it to the doctor whose practice is not as large as he would wish it, or to the doctor who is managing a hospital; for by sending his undergraduates out "to learn private duty" his hospital is being supported by these young women, who are using up tremendous amounts of nerve force for fear something will go wrong, and losing a lot of sleep and missing some very important things which were probably happening in the hospital, which if they happened to have as emergencies in private work, they would not know how to meet. No, I don't think the Waltham graduate's suggestion helps matters any. It is absolutely impossible to teach private nursing, as no two cases are alike, but a good woman possessing brains, common-sense, refinement, and a sense of humor can always adapt herself to her surroundings, providing she has had two whole years of actual hospital training in any of our big hospitals. To my mind there is such a thing as spending so much time "seeking knowledge" that the patient is often the last consideration, and it is an unknown factor how to make a patient really comfortable. The doctor who believes in sending nurses out of the hospital during training "to be taught private nursing" is much more of a friend to his hospital than he is to the nurses, as it is an excellent means of bringing in money to the hospital.

Nothing is more wearing than private nursing, even with the nicest kind of people, which alas! it isn't always the fate of the trained nurse to